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Inspection at Palermo.

At Palermo for the week ended November 22, 1902, the following ships were inspected: November 21, the steamship *Sicilian Prince*, bound with passengers and cargo for New York. There were inspected and passed 410 steerage passengers; 740 pieces of baggage were disinfected by steam. The rejection of 191 steerage passengers was advised. Steamship *Karamania*, bound with passengers and cargo for New York. There were inspected and passed 175 steerage passengers; 275 pieces of baggage were disinfected by steam. The rejection of 63 steerage passengers was advised.

J. M. EAGER,
Passed Assistant Surgeon.

The SURGEON-GENERAL.

International tuberculosis conference at Berlin October 22 to October 26, 1902.

[By P. A. Surg. J. M. Eager.]

NAPLES, ITALY, November 4, 1902.

The meetings took place in the house of representatives of the German Empire. The proceedings of October 22 were confined to a reception of the members of the conference.

The following representatives of national government services were present:

For Germany, Drs. Abel, Arendt, Battleher, Buschbeck, Gunprecht, Ostertag, Schroepffer, Schuetz, Gutschow, Von Leuthold, Mauback, Wehmer, and Wesener, and Messrs. Aschenborn, Diesel, Kuester, Mertens, Pressel, Richter, and Tencke; Greece, Drs. Alfred Hadji-Argyris and Miltiades Oeconomakis; Norway, Dr. Kristian Andvord; Persia, Drs. Hollaender and Selberg; Sweden, Dr. J. E. Edgren and Mr. O. H. von Printzskoeld; and United States of America, Dr. J. M. Eager, United States Public Health and Marine-Hospital Service.

At the opening meeting the second day addresses of welcome were delivered by the presiding officer, Count Posadowsky, secretary of state for the home department, Von dem Knesebeck, representing the German Empress, patroness of the council, and the Oberbuergermeister Kirschner, of Berlin. Responses were made by several delegates.

Dr. B. Fraenkel, of Berlin, gave a survey of the crusade against tuberculosis and sketched the founding of the international bureau. In his address the speaker said that the work in prophylaxis had been largely initiated by the important pathological discoveries of Virchow, Cohnheim, and, above all, Koch, discoveries by which the specific cause of tuberculosis had been established and prophylaxis placed on a practical basis. Professor Pannwitz, of Berlin, spoke of the present state of the combat against tuberculosis, referring largely to prophylactic measures and to popular education as regards prevention.

These addresses were followed by special reports on the efforts being made in different countries to stay the progress of tuberculosis. Reports on this topic were presented by Brouardel, of Paris, Cozzolino, of Naples, Dewez, of Brussels, Heron, of London, Coradi, of Budapest, Linroth, of Stockholm, Mitulescu, of Bucharest, Roerdam, of Copenhagen, Scherwinsky, of Moscow, Schmid, of Bern, and von Schroetter, of Vienna. Especial attention was attracted by the statement of Heron that the declaration made by Koch at London, a year ago, regarding the non-communicability to man of animal tuberculosis had been followed by a

marked relaxation of the prophylactic measure directed in England against milk and meat. The speaker said that he had not learned that this relaxation had led to any increase in tuberculosis, but that as yet reliable statistics in point could not be obtained. In his address on the present position of the struggle against tuberculosis in England, Dr. Heron said that in England legislation by parliament has not in late years done anything materially to help in preventing the spread of tuberculosis. This is for the reason that in England the Government does not act in sanitary matters until there is a decisive evidence of public opinion in favor of such an action. Public opinion was first turned to the consideration of tuberculosis by the present King, at the time Prince of Wales, calling together a number of representative Englishmen, expressing to them the opinion that tuberculosis is a preventable disease. This led to the formation of an association in London with branches all over England. The education of the people has been carried out by means of the circulation of leaflets and pamphlets and the holding of public meetings. Practically everything done in England with a view to the prevention of tuberculosis is voluntarily done. Notification is voluntary. The disinfection and other means taken after notification are always with the consent of those concerned. In fact, almost everything of importance in the fight against tuberculosis in England is voluntary, and legal compulsion is kept as much as possible in the background. Still, the county councils have a good deal of power if they choose to resort to compulsion. One of these councils recently passed a law prohibiting spitting in public places. The secretary of state for the home department gave his opinion that the council had the power to pass and enforce such a law, but that the law could not properly be made to apply to churches, chapels, or shops. Then, too, many factories in England are under a special act of parliament, whereby they are regularly inspected by medical experts. In this way, much has been done to prevent the spread of tuberculosis among workers in factories.

Dr. Alfred Hillier, of London, secretary of the national association for the prevention of tuberculosis, in his report to the international central committee for the prevention of tuberculosis and on the work of the English national association for the prevention of tuberculosis, confirmed the statements of Dr. Heron, and expressed the belief that there are four great measures to which we must look for the prevention and cure of tuberculosis, namely: 1. Penalizing indiscriminate expectoration. 2. Introducing systematic notification of tuberculosis. 3. Insisting on efficient standards of ventilation and light for all factories, public buildings, and private dwellings. 4. The encouragement of the establishment of sanatoria for the two classes of tubercular cases, early curable cases, and advanced cases, and the treatment of phthisical cases in such sanatoria.

Dr. Philipp Blumenthal, of Moscow, in connection with the discussion of the propaganda against tuberculosis, gave a series of lantern demonstrations as an illustration of what could be done by traveling lecturers in educating the public in matters important in the prevention of the spread of tuberculosis.

Dr. Obertueschen, of Wiesbaden, read a paper on the subject of "School hygiene and the struggle against tuberculosis." It was recommended to exclude from schools every teacher or pupil with any form of tuberculosis and, if possible, send the patients to a sanatorium. As to the prevention of infection, the school had a double importance, first, as the place from which the propaganda could be spread, and

secondly, as a focus from which contagion should not be permitted to spread.

As to hygienic teaching in the schools, instruction in proper bodily exercise should be given, especially the kind that strengthens the heart and lungs; and advice should be given to pupils regarding the choice of a trade or profession. Pupils in all schools should be taught the nature of infectious diseases and the means for preventing such maladies. There should be special training schools for the teachers who are to give instruction in this branch of hygiene. Object lessons should be used in the propaganda with a view to accomplishing effectively the ends suggested, the constant cooperation of the medical authorities should be brought to bear and school physicians should be appointed everywhere.

A scheme was presented by Dr. Philipp Blumenthal, of Moscow, for establishing the statistics of tuberculosis on a rational basis. It was stated that the lack of notification of tubercular cases in most countries has brought about the charge that tuberculosis statistics are inaccurate. Other factors, too, contribute to the faultiness of these statistics. There is a lack of uniformity in different countries and it is often even impossible to establish parallels between different sections of the same country. In France, for instance, reports relating to morbidity and mortality from consumption are available from the large cities only; and, in England, the statistics of pulmonary phthisis are not separated from those of other diseases of the respiratory tract. A method established according to a generally accepted scheme is indispensable for the comparison of tubercular statistics. Such a scheme is necessary in order to intelligently direct antitubercular measures and to judge of their efficacy. In consideration of these facts, Dr. Blumenthal proposed that a commission composed of representatives of the different nations be established for the purpose of adjusting these matters and that they make a report of their work at the next conference of the central bureau.

The different representatives present at the conference were presented with a badge in accordance with a proposal submitted by Dr. G. Sersiron, of Paris, general secretary of the confederate antituberculosis society in France. This badge consists of a double red cross on a white ground, and, in the corner, the flag of the nation to which the representative belongs.

At the second meeting of the great council a communication was made by Von Baumgarten, of Tuebingen, on the subject of the crusade against tuberculosis from a bacteriological standpoint. The speaker said that the most direct way to fight tuberculosis was to attack the tubercle bacillus. If success could be attained in destroying this malicious parasite the world would be free from the devastation it produces.

In the discussion of compulsory notification of tuberculosis, papers were submitted by Van Ryn, of Brussels, and Andvord, of Christiania. Van Ryn was of the opinion that, without notification in all countries, it would be impossible effectively to destroy the foci of infection. The objections to notifications are that it is against individual liberty and professional secrecy; that it disturbs the sick; and that as a consequence of notification tubercular patients lose their employment and hence suffer a disadvantage. These objections should be set aside in view of the interests of the general public. Dr. Van Ryn said that the happy results of notification and of practical measures it involves can be seen in the United States of America, principally in New York,

where the consumptive death rate has decreased 30 per cent in a few years.

Dr. Andvord, of Christiania, in his communication relative to compulsory notification, said that notification of tuberculous diseases had been made compulsory in Norway by a law that became effective January 1, 1901. The end is to secure cleanliness as to expectoration and disinfection after death of a patient or his removal from a house. Without notification, the collection of accurate statistics is impossible. The disturbing effect of notification was expected to be great, but there has not been any such effect realized. The statistical results in Norway can not be made known until the notifications for 1901 have all been examined.

Polyclinics and dispensaries.

The next topic considered was that of polyclinics and dispensaries. Dr. A. Calmette, head of the Pasteur Institute at Lille, described the social crusade against consumption among the French working classes. In France, where all antitubercular work is dependent on the board of charity, on private donations, and on occasional subsidies outside the national budget, numerous societies have been formed called antitubercular dispensaries. The "Emile Roux" dispensary at Lille is a specimen of this type of society for prophylaxis against tuberculosis and for social help. Patients are divided into classes according to the grade of their illness and the degree of their poverty, and are supplied with fuel, clothes, food, bedding, spittoons, and sputum disinfectants according to their need. The dispensary attends to disinfection of lodgings and conducts a steam laundry where the clothes of sixty families are washed every week free of charge. Children are sent when necessary to a sanatorium at the seaside. The sanitary education of families is done mostly at home by an instructor who has been especially trained for the work. Dr. Calmette concludes that the dispensary for tuberculous patients should engage to educate the patient and his family in sanitary matters, to make the house healthful, to disinfect and wash the soiled garments, and to supply food and all necessary material relief during the time of enforced idleness.

Workshops.

In the consideration of workshops and other confined places, Dr. Freund, president of the Berlin office for social insurance, submitted certain prophylactic prescriptions for workingmen. Dr. Freund said that the imperfect accommodation in workshops and especially the scarcity of air and light and the inhalation of particles of wood, metal, and stone had a tendency to provoke phthisis in workingmen. The too short hours of rest and the too long hours of work in a vitiated atmosphere have the same harmful effect. When the worker whose cure is accomplished goes back to his labor under such circumstances his health is prejudiced. Therefore it would be expedient to frame laws for the regulation of workshops.

Dr. Camille Savoie, of Paris, spoke on the necessity of establishing compulsory medical inspection of workshops and other places where numbers of people are assembled. This should be done with a view to detecting cases of tuberculosis in their incipency. In addition the medical inspector should give lectures on hygiene. All curable cases should be sent to sanatoria and all incurable ones either economically nursed in special hospitals or kept in separate places in the workshop and made to submit to proper sanitary control.

Dr. Denison, of Denver, Colo., submitted to the central bureau a paper on the influence of life in the open air and how to determine the amount of air in houses, workshops, etc. Dr. Denison was not, however, present at the conference and his paper was not publicly read.

Kusy von Dubrav, of Vienna, spoke of the technical means of collecting the sputum of consumptives, and said that the hygienic requirements that should be fulfilled by spittoons ought to be definitely settled by medical authorities. A simple and easily cleaned spittoon should be adopted and used for the sputum not only of consumptives, but of all persons.

Sanatoria.

By arrangement, the members of the conference visited, October 24, the sanatorium for consumptives, at Belzig, and the sanatoria for consumptives and invalid working people at Beelitz. The visit to Belzig sanatorium in the Brandenburg pine forest was under the guidance of Prof. Bernhard Fraenkel. The institution was established by private enterprise and is maintained by private subscriptions. The Beelitz sanatoria are imperial institutions and are constructed on a vast scale. They are the result of the system of compulsory insurance for aged and invalid working people. The insured, when ill or disabled by age or injury, become State pensioners. It has been found to be economical to establish throughout the German Empire institutions where patients can be properly treated and perhaps enabled to regain health and resume their former occupations. Beelitz is about an hour from Berlin. The sanatoria, which accommodate from 300 to 400 patients, are as nearly perfect as favorable location in a pine forest, fine architecture, and approved sanitary and engineering appliances can make them. At the time of the visit, the greater number of the patients were out of doors in the spacious open pavilion with which the sanatoria are provided.

The morning of October 25, Prof. Robert Koch conducted an inspection of the royal institute for infectious diseases, at Berlin. This is a completely equipped establishment for the investigation of all maladies of an infectious nature.

The remaining days of the conference were devoted to the reading of papers relating to tuberculosis and to discussion thereon.

Dr. Andvord, of Christiania, opened the discussion of the different kinds of accommodation for consumptives by reading a paper on infantile consumption, of which the following are the principal points: Research shows that the majority of tuberculous patients have become infected during childhood or youth, and that the interval between initial infection and the outbreak of the disease is considerably longer than was at one time believed. Hence one of the most important offices of sanatoria is to remove tuberculous subjects from the places where they would be dangerous to young persons. The prophylactic duty during and after the age of puberty is not only to prevent infection, for often the young person is already infected, but, by hygiene, to hinder the disease from getting the upper hand.

In an address on the measures taken at Basel to prevent infantile tuberculosis, Prof. F. Egger, of Basel, Switzerland, drew the conclusion that, inasmuch as infantile tuberculosis often assumes manifestations in which treatment is generally unavailing, the most extended prophylaxy is of the greatest importance, and that the treatment of infantile tuberculosis ought to begin, as in adults, with the very first symptoms.

Dr. Dereco, of Paris, spoke of the importance of prophylaxy in convalescence from any disease. He said that the stage of convalescence

of medical and surgical patients is rarely looked after by the attending doctor from the point of view of hygiene and prophylaxis. At this period, convalescents free from any taint of tuberculosis run great risk of becoming infected with the tubercle bacillus.

Dr. Armaingaud, president of the French league against tuberculosis, spoke of marine sanatoria for the cure of debilitated children who are especially likely to contract tuberculosis. The speaker said that the results of treatment showed that a cure at marine sanatoria was nearly always effected in lymphatic and rachitic subjects and that, in the majority of cases, when treatment was begun early and was sufficiently prolonged, articular and osseous lesions of a tuberculous nature were also cured.

Drs. Wolf Becher and Rudolf Lennhoff, of Berlin, presented a paper on the efficacy in the crusade against tuberculosis of the Berlin red cross institutions for daily patients. These institutions receive consumptives in all stages. The conclusions drawn were that, aside from the benefits of treatment received, the red cross institutions are useful in selecting patients for the sanatoria, that they give an opportunity for prophylactic education, and afford a suitable refuge for incurables.

Dr. Antonio Espina y Capo, of Madrid, gave a review of the question of consumptive sanatoria in large towns and the best situation for them. He said that these institutions are for the poor of the large town what hospitals are for the wounded on the battlefield. As to the situation, places should be chosen having an exposure to the east or to the south; the altitude should be as great as practicable; good drinking water should be conveniently at hand; the facilities for the disposal of sewage should be adequate, and the proximity of a wooded place, preferably fir forest, is desirable.

Private Counsellor von Leube, of Wuerzburg, read a paper on hospitals and stations for consumptives. He said that every community should be provided with suitably located sanatoria, and, where these are not provided, there should be special pavilions for consumptives in all hospitals where they are received. When new hospitals are being built this point ought to be insisted upon. These pavilions should have a suitable exposure and be situated at the limits of the hospital grounds. It is desirable to have a large plot of ground near the tuberculosis pavilion reserved for the exposure of patients in the open air.

Dr. S. von Unterberger, of St. Petersburg, spoke of the importance of house sanatoria in the antituberculosis crusade. He said that the contagion of tuberculosis in hospitals is not to be feared. Practically there will never be a sufficient number of large sanatoria, and it can not be hoped that all consumptives will ever be able and willing to go to sanatoria. Therefore, house sanatoria should be established in hospitals and private dwellings. This can be simply and cheaply accomplished. The results of treatment under such conditions are not inferior to those obtained in large public sanatoria and, by establishing these sanatoria in every hospital, it is possible in a short time to have a large number of medical specialists for consumption.

Mr. Gebhard, of Luebeck, chairman of the national institution of social insurances, spoke of homes for tuberculous invalids. These institutions constitute a new extension of the German insurance system against debility.

Dr. F. Dumarest, of Hauteville, Ain, addressed the conference on this subject of compulsory and voluntary insurance in the struggle against consumption. He said that, in France, insurance for this purpose would have to be voluntary and not, as in Germany, compulsory.

There could, however, be an agreement among insurance societies whereby sanatoria, financially profitable to the societies, could be established.

Mr. Turban, of Davos, submitted a paper on the centralization of statistics relative to tuberculosis of the lungs and the centralization of their classification as a basis for an international understanding. It was stated that it has been proved that the prognosis of phthisis depends chiefly upon the extension of the disease in the lungs. The following division of the disease into three stages, proposed by the author in 1899, has been largely adopted, and, with a view to a unification of statistics, should become general: First, slight lesion in one lung; secondly, slight lesion in both lungs or serious injury in one; and, thirdly, all conditions more advanced than those classified in the second division.

Dr. Gabrilowitch, of Halila, raised the question as to whether sanatoria for consumptives should be open all the year round. He expressed the opinion that these establishments should be closed every summer for two or three months, for purposes of cleaning, disinfection, repair of apparatus, and in order that the medical staff and nurses can be released from duty for a time.

Human and bovine tuberculosis.

At the next meeting of the great council the subject of human and bovine tuberculosis was taken up.

Nocard, of Alford, read a paper on maintenance and the reinforcement of measures taken to combat the danger from the milk of cows affected with tuberculous mammitis. The speaker was of the opinion that bovine tuberculosis can be transmitted to man, and that it is above all by drinking milk from tuberculous udders that man is likely to contract tuberculosis from bovine sources. The danger falls particularly upon those persons to whom milk is the exclusive or principal nourishment, such as young infants, or patients on milk diet. The keeping of cows affected with tubercular mammitis in dairies whose product is destined for public use should be prohibited. For this reason all dairies should be periodically inspected. Pending the establishment of a thorough system of dairy inspection, the most simple means to avoid danger is to boil all milk before using it.

Professor Arloing, of Lyons, also spoke of measures to be applied against the dangers of milk. It was declared that there is great necessity for maintaining and increasing public and private hygienic measures against the dangers of milk for the reason that the notion of the unity of human and animal tuberculosis had been upset, in the minds of the people, by the opinions pronounced by Koch and Schutz. Dr. Arloing strongly maintained that the tuberculosis of man is perfectly inoculable in the bovine species and other large herbivorous, domestic animals, and that, when the disease is artificially communicated in certain ways, lesions follow, having the characters of "perlsucht." The bacillus of tuberculosis from man has not always the same virulence. The virulence of a given bacillus is not manifest in the same degree in different species of herbivora. In some cases, bacilli of incontestable human origin are quite as virulent as bacilli of bovine origin. In other cases, on the contrary, the virulence is so much enfeebled that, on gross examination, it appears to be nil. Nevertheless, following intravenous inoculation, bacilli of enfeebled virulence always produced in the lungs lesions visible through the microscope, which lesions, however, progress rapidly toward fibrous transformation. It is impossible to say that an inoculation is unsuccessful until a micro-

scopic study of the lungs and parenchymatous viscera has been made. It is this variability of virulence that gave rise to the false premises on which Koch and Schutz formed the notion of duality. Regarding the notions of unity or duality of tuberculosis, the speaker submitted the following considerations: Certain persons whose belief in the unity of tuberculosis was shaken by the statements presented at the London tubercular conference have supposed that, if the bacillus from man can under certain circumstances tuberculize the beef, it exhausts itself on the animal and thus loses its infectious properties. One can answer these persons by the statement that such is not the rule. The speaker had seen human tuberculous poison, very virulent at the beginning for the beef, retain its tuberculous properties through four successive passages through calves. The speaker had also observed analogous facts in the study of the virulence of surgical tuberculosis. Professor Arloing said that, according to Koch and Schutz, when a tuberculous lesion of the intestine proceeded from a bovine source, there should follow a general tubercularization of the animal submitted to subcutaneous inoculation with material of the same source, a generalization that human bacilli do not produce. The speaker stated that he combated the criterion of 1901, on the ground that the generalization of tuberculosis in bovines, following subcutaneous inoculation of bovine tuberculous material, is very exceptional.

Following Dr. Arloing's speech, there was a general discussion of the subject of bovine and human tuberculosis. A division of opinion as to the question of unity was manifested. Professor Orth, of Berlin, was not sure which view was correct. There was a general tendency to the opinion that, pending decisive knowledge in the matter, a continuance of vigilance against animal tuberculosis was wise and advisable.

At the close of the discussion Prof. Robert Koch made a long and interesting statement reaffirming the position he took at the London tubercular conference, to the effect that it has not yet been proven that man can be directly infected by the tuberculosis of animals; that in the cases adduced in support of this theory it has not been shown that no other source of infection was possible; and that many of the cases brought forth to support the theory of unity act in a contrary manner and tend to upset the notion they are intended to support. Professor Koch said that for more than a year past he had gathered official reports of all tuberculous cases treated at German hospitals and coming under the notice of the professors of pathology at German universities. Still he had not learned of a single case of primary tuberculosis of the intestines. He admitted that such cases appeared to be more frequent in England than in Germany. He said that investigations made in New York and Boston tended to support the theory of duality. Regarding danger from milk, Professor Koch argued that if in a group of persons drinking milk from a common center, one only developed tuberculosis, it was easier to conceive that the single individual had acquired the disease from another source than that all the other members of the group, exposed to the same risk, had remained immune. He supported his argument by analogy to other infectious diseases, and declared that, in the whole literature of tuberculosis, he knew of no widespread prevalence of tuberculosis traceable to milk or meat. It was noted as a remarkable fact that, though many persons take great pains in sterilizing milk, no attempt is commonly made to sterilize butter. The acceptance of the theory of unity had an important economic bearing. Strong measures directed against tuberculosis in cattle had a tendency to raise the price of meat and dairy products.

There is a question, he said, as to whether the money so expended could not be more profitably used in providing convalescent homes and improving dwellings.

At the last meeting of the conference, Dr. Maragliano, of Genoa, spoke of the importance of organic immunity against tuberculosis and means of developing it. The ideal, he stated, is to make and keep the constitution refractory to the disease. It would, therefore, be useful to advise and encourage the creating of scientific institutions supplying, free of charge, the means conducive to immunity. Such institutions would also be useful in making researches necessary for the early diagnosis of the disease.

Further proceedings of the conference were of a business nature and confined to meetings of the private council.

J. M. EAGER,
Passed Assistant Surgeon.

The SURGEON-GENERAL.

JAPAN.

Report from Yokohama.

YOKOHAMA, JAPAN, *November 13, 1902.*

For the week ended November 8, 1902, 5 vessels were inspected, having an aggregate personnel of 482 crew and 834 passengers; 468 steerage passengers were bathed and 532 pieces of baggage were disinfected.

During the above period no new cases of plague were reported; as previously mentioned, 1 pest death occurred in Yokohama on the 2d instant.

DUNLOP MOORE,
Assistant Surgeon.

The SURGEON-GENERAL.

PORTO RICO.

Transactions at San Juan and subports for November, 1902.

SAN JUAN, P. R., *December 4, 1902.*

SIR: I have the honor to submit herewith the following report of quarantine transactions at this and the 6 subports of the island of Porto Rico, for the month of November, 1902:

San Juan.—Number of vessels inspected, 29; bills of health issued, 27; pieces of baggage disinfected, 3; persons detained at the quarantine station for observation, 2; persons vaccinated, none; vessels detained in quarantine, 4; vessels disinfected, 2.

On the 17th the French steamship *Saint Simon* entered from St. Marc, Gonaives, Petit Goave, Port au Prince, Cape Haitien, Puerto Plata, and Sanchez. All bills of health presented by this vessel were clean, and all passengers for Porto Rico were permitted to land. She brought no baggage requiring disinfection, but the ship was held in quarantine, under guard, while in this port.

The Spanish steamship *Montevideo* arrived on the 19th, from Havana, Port Limon, Colon, Sabanilla, Curaçao, Puerto Cabello, and La Guaira via Ponce. She brought 2 nonimmune passengers requiring detention, and 3 pieces of baggage, effects of these passengers, for disinfection. The vessel was held in quarantine, under guard, while she remained in this port.